

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) HOMETOWN FREEDOM ACTION NETWORK		FEC IDENTIFICATION NUMBER ▼ C C00528901
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Majority Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2014
Mailing Address 135 Professional Drive Suite 104		Amount 85000.00
City Ponte Vedra Beach	State FL	Zip Code 32082
Purpose of Expenditure Mobile ad production and placement	Category/ Type 004	Transaction ID : SE.4113 Date of Disbursement or Obligation MM / DD / YYYY 05 / 07 / 2014
Name of Federal Candidate Benjamin E Sasse	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 90000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Wilson Grand Communications, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2014
Mailing Address 429 North Saint Asaph Street		Amount 5000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Mobile ad production	Category/ Type 004	Transaction ID : SE.4112 Date of Disbursement or Obligation MM / DD / YYYY 05 / 07 / 2014
Name of Federal Candidate Benjamin E Sasse	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 5000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	90000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	90000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David R Langdon

[Electronically Filed]

Date

MM / DD / YYYY
05 / 09 / 2014

Signature